

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41975

## 1. PLACE OF DEATH

County St. Francois  
Township Russell  
City Leadwood (No. ....)

Registration District No. 33  
Primary Registration District No. 6074B

File No. ....  
Registered No. 76  
St. .... Ward)

## 2. FULL NAME

JULIA - STOREY

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

Harriet Storey

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 6 1874

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. .... min.

05/18

57

2

17

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

none

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Ill

(STATE OR COUNTRY)

## PARENTS

## 10. NAME OF FATHER

James Jones

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ill

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Mary Easterday

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ill

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

Silas Storey

Leadwood, Mo.

## 15.

FILED

12/14/31

W. E. Abraham

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1931

## 17.

I HEREBY CERTIFY, That I attended deceased from

....., 1931, to ..... 1931, that I last saw him alive on ..... April 1st 1931, and that death occurred, on the date stated above, at ..... A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Phthisis pulmonalis

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Arnold Frank M. D.  
12/13/31 (Address) Leadwood

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Nichell Creek

## DATE OF BURIAL

12/24/31

## 20. UNDERTAKER

J. S. Boyer

## ADDRESS

Leadwood, Mo.

